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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005</b> (fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818))			Docket Number <b>76897-0001</b>
In re Application of	<b>Chahee Peter CHO et al.</b>		
Application Number	<b>10/761,313</b>	Filed	<b>January 22, 2004</b>
For	<b>Portable Range Extender Operable in Automatic and Manual Modes</b>		
Art Unit	<b>2837</b>	Examiner	<b>R. Duda</b>

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter appropriate fee below):

	Fee	Small Entity Fee	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 120	\$ 60	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ 450	\$ 225	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ 1020	\$ 510	\$ <b>510.00</b>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ 1590	\$ 795	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ 2160	\$ 1080	\$ _____

☒ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached. **WARNING: Information on this form may become public. Credit card information should not be included on this form.**

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number **50-3840**

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).


☐ attorney or agent of record. Registration Number \_\_\_\_\_

☒ attorney or agent under 37 CFR 1.34.  
Registration number if acting under 37 CFR 1.34 **39,708**

July 25, 2006  
Date

(202)416-6800  
Telephone Number

61263  
Customer No.

  
 Signature  
David W. Laub  
 Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.